

DEF-WV-00131-A.1

COUNTY

DEF-WV-00131-A

Form VS-002 (Rev. 6/92)

REGISTRAR  
33 REGISTRAR'S SIGNATURE  
James A. Kaplan, M.D. 619 Virginia St., W. Charleston, WV 25302  
32 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/print)  
Chief Medical Examiner  
31c DATE SIGNED (Month, Day, Year) 5/26/07  
31b SIGNATURE AND TITLE OF CERTIFIER  
On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated  
CERTIFIER  
31a CERTIFIER (Check only one)  
☐ Homicide ☐ Suicide ☒ Accident ☐ Natural ☐ Investigation  
30b DATE OF INJURY (Month, Day, Year) 5-25-2007  
30c TIME OF INJURY Late P. M.  
30d INJURY AT WORK? No  
30e DESCRIBE HOW INJURY OCCURRED Injected illicit narcotic  
29 MANNER OF DEATH  
28a WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes  
28b WAS AN AUTOPSY PERFORMED? (Yes or no) Yes  
28c DATE SIGNED (Month, Day, Year) 07-5-09  
28d WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) Yes  
27 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  
MORPHINE INTOXICATION  
26a WERE ANY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I?  
b Due to (or as a consequence of) MORPHINE INTOXICATION  
c Due to (or as a consequence of)  
d Due to (or as a consequence of)  
25 DATE PRONOUNCED DEAD (Month, Day, Year) 5/25/07  
25a TIME OF DEATH 1:52 PM  
25b SIGNATURE AND TITLE  
24a To the best of my knowledge death occurred at the time, date and place stated  
24b NAME AND ADDRESS OF FACILITY  
24c LOCATION-City or Town, State, Zip Code  
23a METHOD OF DISPOSITION  
☒ Burial ☐ Cremation ☐ Other (Specify)  
23b SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH  
22a METHOD OF DISPOSITION  
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1a METHOD OF DISPOSITION  
1b SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH

STATE FILE NUMBER

800128480

008309

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES  
BUREAU FOR PUBLIC HEALTH - VITAL REGISTRATION  
PHYSICIANS / MEDICAL EXAMINER'S CERTIFICATE OF DEATH  
ROOM 165, 350 CAPITOL STREET, CHARLESTON, WV 25301

AMENDED  
6-26-2007